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CONFIRMATION NO. 1698

<b>SERIAL NUMBER</b> 10/566,269	<b>FILING OR 371(c) DATE</b> 01/30/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 062052
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**APPLICANTS**  
Tomoaki Hoshino, Fukuoka, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a 371 of PCT/JP04/10621 07/26/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
JAPAN 2003-282375 07/30/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
07/16/2006

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Met after Allowance <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 8
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Verified and Acknowledged  
Examiner's Signature: *[Signature]* Initials: *cmw*

**ADDRESS**  
38834

**TITLE**  
Soluble human interleukin 18 receptor-alpha, method of assaying the same, assay kit and medicinal composition

<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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